

**Senate Committee on Health, Human Services, Insurance and Job
Creation Public Hearing on SB 474
March 5, 2008**

Presented by: **Connie Slomczewski**
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Chairman Erpenbach and other distinguished members of the Committee,

Thank you for the opportunity to address this committee in support of SB 474 relating to: licenses and limited x-ray machine operator permits to engage in the practice of Radiography.

I have been a registered Radiologic Technologist since 1972 and have been active in professional organizations at the local, state and national levels since 1992. I am currently the Director of Radiology Services for Wheaton Franciscan Healthcare All Saints in Racine, Wisconsin with responsibilities for both hospital based and ambulatory Radiology Practices.

I stand in full support of this bill as patient care advocate and an administrator. As a patient care advocate, I believe in the provision of quality care by qualified practitioners who take their professional responsibilities seriously. Patients trust that when they have a radiologic procedure performed, the individual performing the service is competent and qualified. Unfortunately, that is not the case in Wisconsin today. Passage of this bill will ensure that all patients in Wisconsin can be confident the person performing their radiologic procedure understands the risks and benefits of ionizing radiation, and can provide quality images to help diagnose disease.

As an administrator, I support this bill because it allows for limited license practitioners to work in physician offices and clinics, and potentially in some hospital based practices. In my own institution, I have oversight for clinic and hospital based practices. I believe that Wisconsin would benefit from these limited license operators for several reasons:

- **Financial:** As you are aware, the cost of healthcare in Wisconsin is of concern to every citizen. I believe that limited license practitioners would serve as competent staff in those environments where the scope of the Radiology practice is limited to basic radiographic procedures. Those include chest x-rays, upper and lower extremities, abdominal x-rays, etc. In the office or clinic environment, these operators can also be trained to perform non-radiologic duties such as EKGs and basic lab work to expand their position scope. It is likely the wage for a limited license operator would be less than a fully certified ARRT registered technologist, and could decrease the labor costs to healthcare providers.

- **Workforce Shortage:** In 2006, radiologic technologists held 196,000 jobs across the US; an estimated 40% of these were non-hospital based (medical clinics, physician offices, free-standing imaging centers). The US Department of Labor predicts that the demand for radiologic technologists will increase by approximately 15% between 2006 and 2016, faster than the average for all occupations. As baby boomers begin to age and the demand for healthcare services increases, the need for qualified healthcare providers will become more critical. I believe lack of action on this bill will allow more opportunity for unqualified people to utilize ionizing radiation in medical settings.
- **Quality:** Monitoring quality is a key component of a Radiology department's quality improvement program. This system of checks and balances ensures that staff understands and adheres to the principles of obtaining quality images and practice basic radiation safety. Most hospitals are required to provide evidence of staff ability through competency assessments to comply with Joint Commission accreditation requirements. Many freestanding, office based or outpatient settings require no evidence of competency training. To that end, United Healthcare is requiring that all non-hospital based imaging facilities hold accreditations from the American College of Radiology (ACR) or the Intersocietal Accreditation Commission (IAC) for specialized modalities such as CT, MRI and Nuclear Medicine to receive reimbursement. This requirement specifically addresses the quality and safety of medical imaging through the application of nationally recognized standards for outpatient imaging services. Both the ACR and the IAC require ARRT registration for technologists to qualify for accreditation. I believe that more insurers will be moving in this direction as they continue to seek proof of quality imaging for the healthcare consumer.

In summary, I stand in full support of SB 474. The people of Wisconsin have a right to expect quality and safe practices when they are in need of radiologic services. Our surrounding states, Illinois, Minnesota, Iowa and Michigan have enacted laws to protect patients from potential harm through inappropriate use of ionizing radiation for medical purposes; why do the citizens of Wisconsin deserve less. Thank you for the opportunity to address this Committee.

Committee on Health, Human Services, Insurance and Job Creation Public
Hearing on SB474

Good Morning Chairman Erpenbach and Committee Members. I would like to thank Senator Lehman for sponsoring this proposed legislation.

I am in support of SB474

We all know that radiation can cause cancer. "In fact, x-rays have recently been officially classified as a carcinogen by the World Health Organization's International Agency for Research on Cancer, the Agency for Toxic Substances and Disease Registry of the Centers for Disease Control and Prevention, and the National Institute of Environmental Health Sciences"(ACR White Paper on Radiation Dose in Medicine.) The effects of unnecessary radiation are not immediately known. Unnecessary radiation can increase a patient's risk of cancer, chromosomal mutations, and damage to developing fetuses in pregnant women. Our quest for enacting state regulations pertaining to administration of x-ray radiation is to reduce the unnecessary overexposure to the people in the state of Wisconsin.

For many patients, the x-ray is the first step in answering a medical question. The "gateway to diagnosis" that guides the medical team in prescribing the next course in treatment, and possibly more advanced, and expensive imaging studies. Untrained operators performing medical imaging procedures can produce suboptimal exams that can lead to a misdiagnosis or delay in diagnosis which can increase health care costs and even worse shorten a patient's life. Supplies, labor and time are wasted when an x-ray exam has to be repeated. With the increase in health care costs, lowering the need to repeat poor quality medical imaging exams performed by untrained operators is one way to control costs. Repeating unsatisfactory exams doubles the cost of that procedure which is passed on to the insurance companies and then to the consumer-patient.

In 2006, Wisconsin spent over 4.6 billion dollars in Medicaid expenses. Medicaid spending increased by 10.7% nationwide in the first six months of 2007. Radiologic procedures are an expensive portion of these Medicaid dollars. The money spent by Wisconsin to pay for imaging procedures covered by Medicaid should be performed by individuals qualified to produce usable medical information for cost effective healthcare at the outset. SB474 would assist in reducing health care costs.

Radiologic technologists are the third largest category of healthcare professionals surpassed in number by only physicians and nurses with 6793 registered technologist currently in Wisconsin. It is unknown exactly how many untrained operators there are currently working in the state. A few years ago the Department of Health and Family Services sent out a survey to try and get an estimate of the number of technologist and operators working in the state, but unfortunately there was a very low response.

The WSRT has taken great care and time to create a workable, practical, and sensible piece of legislation. We have looked at radiologic regulations and laws around the nation

in the drafting of this proposed legislation. It is our belief that we must establish ourselves as a state with radiologic legislation comparable or equal to that of our neighboring states, not lesser than. Our legislative committee has visited with numerous legislators' offices to hear their views, many of whom were unaware that this matter is still not addressed in Wisconsin. The WSRT has consulted with other medical groups who have expressed an interest in our mission and those who partner with the radiologic sciences. We have met and worked together to address concerns that affect each other's practices, maintaining the central focus of our mission: the patient. The WSRT's focus has been and will continue to be driven by the need to provide proper patient care in the radiologic setting on all levels. This includes the consideration of limited scope x-ray personnel, many currently already providing those services. SB474 is sensitive to including provisions for those persons to be educated to perform their limited duties in the best interest of the patient's radiologic health. It is our mission to elevate the current level of radiologic care for Wisconsin's patient population. The WSRT is very capable of assisting in this quest in the provision of continuing education opportunities to all individuals who share our resolve. The advancement of SB474 will accomplish this mission in the promotion of proper radiologic patient care for all of Wisconsin with safety, quality, and cost-effectiveness as its underlying principles.

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Senate Committee on Health, Human Services, Insurance and Job Creation
Public Hearing on SB474
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Good morning Chairman Erpenbach and Committee members. My name is Lance H Momon and I am in favor of senate bill 474. I understand that Senate bill 474 regulates the use of ionizing radiation with X-rays to the human body to people who hold a license or who hold a limited X-ray machine operator permit. As I complete my education towards becoming a licensed radiographer, I have gained an extensive knowledge base and understanding of the biological effects of ionizing radiation. In courses such as Radiobiology, Radiation protection, Physics, and Quality Assurance, a foundation of knowledge is gained in the proper use and maintenance of X-ray equipment, and most important, the safety of my external customers. I understand that each time I expose a patient to ionizing radiation that I adhere to a code of ethics and follow rules and regulations set by the ARRT, my facility in which I am employed, and other regulating bodies. I feel that radiographers should be recognized by our state government whereas other healthcare professionals are.

Thank you Chairman Hines and Committee members for the opportunity to be heard .

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Senate Committee on Health, Human Services, Insurance and Job Creation
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Good Morning Chairman Erpenbach and Committee Members. My name is Kyle Theine; I am a senior radiology intern at the Froedtert Hospital School of Radiologic Technology in Milwaukee.

I strongly support Senate Bill 474. Throughout my education and training to become a certified radiologic technologist, I have gained an understanding of the effects that ionizing radiation has on the human body. As I perform specific radiologic procedures I know that the radiation I am delivering has biologic effects in all of my patients.

As a patient of a hereditary condition, I was greatly surprised to discover that over the past 12 years, radiologic procedures performed on myself and family may have been completed by non-qualified personnel. In my family's case, the quality of the image is extremely important. The smallest detail of measurement can mean the difference between continued observation or open heart surgery. Every single patient deserves to have a licensed *operator* or *Radiographer* performing their procedures safely and correctly to render a valuable diagnosis. The *operator* or *radiographer* will have knowledge of anatomical structures and will be competent in radiographic positioning and protection. This knowledge and skill will help to reduce the misadministration of ionizing radiation and increase the quality of care provided all patients.

I would sincerely like to thank you for your time and consideration on this very important issue.

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**Committee on Health, Human Services, Insurance and Job Creation
Public Hearing SB 474**

Good Morning Chairman Erpenbach and Committee Members

Thank you Senator Lehman for being the Sponsor of this proposed legislation.

I am Diane Wingenter and I am the Program Director for the WFH – St. Joseph, school of radiologic technology. I have been involved in radiology education for over 20 years and a registered technologist for 22 years.

A registered Radiologic technologist must go through an intense course of study that involves learning about the art and science of radiologic technology. The science portion entails classes that cover radiation biology and protection. This is an in-depth 8 month course that teaches how to properly protect the patient and ourselves from the harmful effects of ionizing radiation. Another class in the curriculum is principles of radiation exposure. This class which is also an 8-month course that covers how to properly set the correct exposure factors needed for the different radiologic exams for each individual patient. Another major course is radiologic physics – this helps the students to understand how the equipment works and how it should be properly maintained.

SB 474 recognizes that x-ray operators may perform Radiologic procedures on a more limited scope. The resulting Radiography Examining Board will create a plan to properly educate those individuals appropriately to the skills needed to properly position and protect their patients in their medical setting. It is our intention to elevate the quality of Radiologic care, not legislate individuals from currently held positions.

A colleague of mine shared an application that she received for her radiology school. This individual was a fork lift operator and then moved on to operating a c-arm – portable x-ray fluoroscopy – in a clinic setting in a Milwaukee suburb. Upon questioning this individual in his interview process, he was asked if he had any formal radiation protection training – he answered no, he was shown how to operate the machine and what buttons to press. A fork lift operator one day and the next irradiating individuals! It is this lack of education that we are here today. Without education, guess work is brought into a field where the outcome could be detrimental to an individual's welfare.

By passing this bill, this will protect the public from individuals not educated in the art and science of radiologic technology and unnecessary radiation exposure. Thank you for this opportunity to speak to you today.

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J.A. HINES

STATE REPRESENTATIVE • 42ND ASSEMBLY DISTRICT

**Testimony in Support of SB 474 before the Senate Committee
on Health, Human Services, Insurance, and Job Creation
March 5, 2008**

Good morning. I want to thank Chairman Erpenbach for holding a hearing Senate Bill 474 and I apologize for not being able to present my remarks to the committee in person. I also want to thank Senator Lehman for his work on this legislation and for agreeing to testify before the committee this morning..

SB 474 will establish a minimum set of standards an individual must meet in order to obtain a license to practice radiography in Wisconsin. It will also establish a limited X-ray machine operator permit for those who are not fully licensed. Currently in Wisconsin, anyone can perform an x-ray with little or no training required. Only CT scanners, radiation therapists, and mammographers are required to be registered radiologic technologists in the State.

When unqualified individuals perform radiographic examinations, there is an increased chance of poor image quality, potentially leading to the loss of diagnostic information. The loss of this information means the patient could be subjected to more x-rays, or worse, it could lead to an undiagnosed or misdiagnosed disease or trauma, resulting in unnecessary suffering for the patient.

SB 474 does not change current law with regard to professions that are involved in radiography and are currently regulated by the State, including: chiropractors, dentists, podiatrists, and physicians assistants. Senator Lehman and I involved the Department of Regulation and Licensing in the drafting process and DRL does not oppose this bill.

I think it is important to note that this bill is supported by, and was requested by, the very people it will be applying to: the radiographers. Several of them are here to testify this morning and I applaud them for attempting to have Wisconsin join 38 other states with some form of oversight of their profession.

Again, I thank you all for reviewing my remarks and I urge you to join Senator Lehman and me in supporting SB 474.



Senate Committee on Health, Human Services, Insurance, and Job Creation
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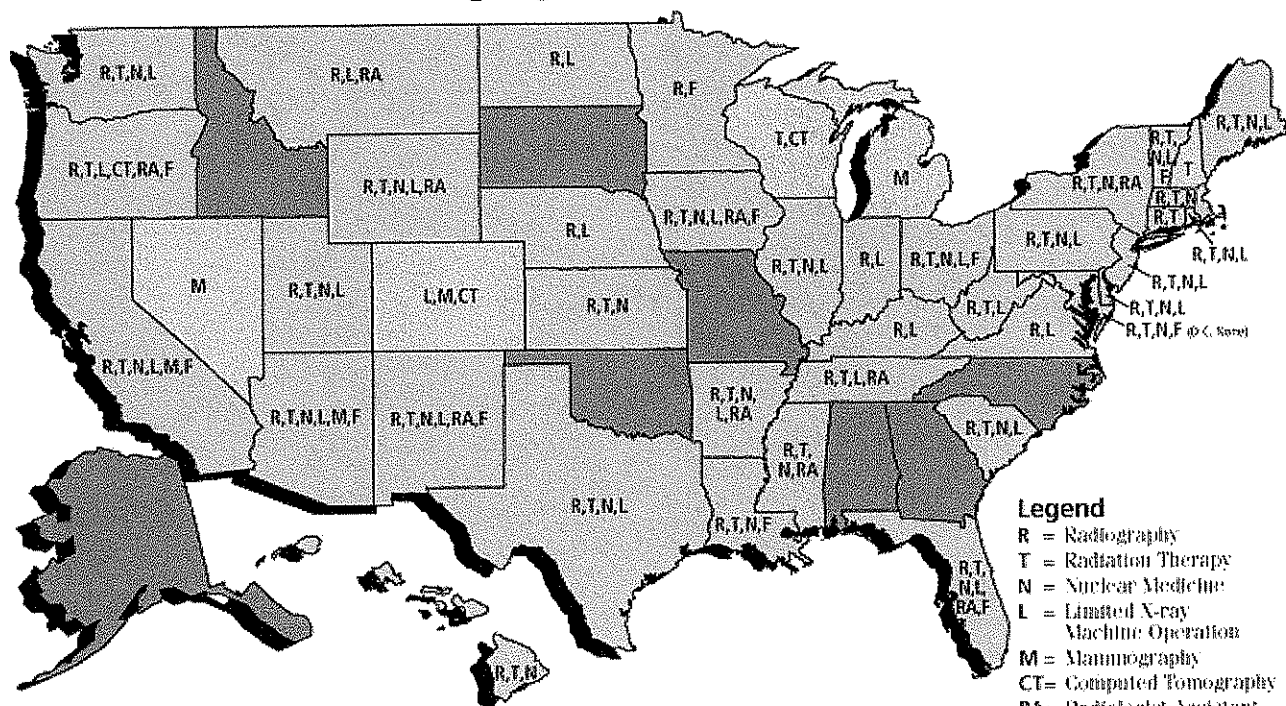
Good Morning Chairman Erpenbach and Senate Committee members. I would like to begin by thanking Senator Lehman for all of his work and sponsorship for SB 474. He has been instrumental in the quest to provide proper radiologic health care for the state of Wisconsin. My name is Sandra Helinski. I have been a registered radiologic technologist for 27 years and serve as the Chairperson of the Legislative Committee of the Wisconsin Society of Radiologic Technologists (WSRT). The WSRT is a non-commercial, non-sectarian, and non-partisan professional organization representing persons interested in and employed in the art and science of diagnostic and therapeutic radiologic procedures. It is an affiliate of the American Society of Radiologic Technologists (ASRT). Its purpose as stated in its mission and bylaws is to advance the science of radiologic technology, to assist in the establishment and maintenance of high standards of education and training, and to elevate the quality of patient care, which SB 474 would do.

Did you know that **anyone** in Wisconsin may perform x-rays on patients? You and most patients probably assume that the all of personnel we meet in medical settings are knowledgeable and educated in their duties. It is unfortunate that at this time, this is not guaranteed in the performance of diagnostic x-rays in Wisconsin. In fact, persons receiving haircuts, manicures, and tattoos are more assured of having a trained individual perform their services than a trusting patient receiving x-rays. This is the reason the WSRT has taken steps to address this transgression, and ensure the quality, safety and cost- effectiveness of x-ray procedures for Wisconsin's patients with SB 474. Its companion bill, AB 800 was heard on February 20 and voted out of the Public Health Committee yesterday, March 4.

The WSRT and its national affiliates have been involved in the federal effort to pass HR 583, the Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Bill, the CARE Bill. In fact, its companion U.S. Senate Bill, S1042 is scheduled for mark-up today. These bills would establish federal minimum standards of education and credentialing for persons administering medical radiation, as well as for the performance of other diagnostic imaging procedures. It would amend and enforce the Consumer-Patient Radiation Health and Safety Act of 1981 that provided states with a model statute for the licensing of radiologic personnel. Wisconsin is one of several states that **never complied** with the guidelines of this 1981 legislation. The passage of this federal legislation will require Wisconsin to establish its own standards. The WSRT has responded with the creation of SB 474 in light of this impending legislation.

In our efforts to establish state regulations pertaining to administration of x-ray radiation, we have heard shouts of support and have been given evidence for the need for such measures. One Wisconsin technologist in a 715 area code called me personally to report that he is often required to repeat films taken by untrained "assistants" at clinics outside of the hospital in which he works. He stated that the original films are rejected as "undiagnostic." In 2 known suburban clinics, receptionists and phlebotomists are repeating x-ray exams resulting in up to 3 times the exposure necessary, resulting in nothing of value for the patients' diagnosis. The enforcement of proper educational and training standards on these clinic personnel would mitigate and prevent these medical mistakes. Safety, quality, and cost effective health care are at the heart of the rationale for advancing SB 474. Thank you for this opportunity to speak to you today.

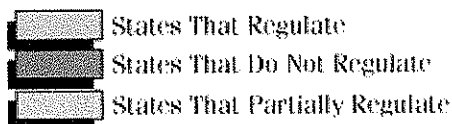
Does Your State Regulate Medical Imaging and Therapy Technologists?

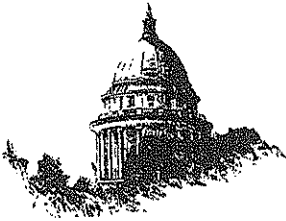


States That Do Not Have Any Licensure or Regulatory Provisions For Radiologic Personnel*

Alabama Idaho Oklahoma
Alaska Missouri South Dakota
Georgia North Carolina

*List complete as of Sept. 1, 2006. In addition to the listed states,
the District of Columbia also does not license radiologic personnel.





Wisconsin State Senate
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Testimony of Senator John Lehman
Senate Committee on Health, Human Services, Insurance and Job
Creation
March 5, 2008
Senate Bill 474

Thank you, Senator Erpenbach and committee members for taking testimony today on Senate Bill 474, relating to the licensure of the practice of radiography. It's nice to be making my weekly appearance before your committee today.

Let me first thank the Assembly author Representative Hines, the Wisconsin Society of Radiologic Technologists, the Department of Regulation and Licensing and the many others who have worked very hard to on this bill and their efforts to resolve the concerns that arose throughout the drafting of this bill.

Some time ago I was approached by the Wisconsin Society of Radiologic Technologists about introducing legislation to license people who perform x-rays. I was quite honestly surprised to learn that there was no such requirement.

Quite simply, Senate Bill 474 will bring Wisconsin in line with 38 other states (including area states Minnesota, Iowa, Illinois and Indiana) by creating a licensure requirement for the practice of radiography.

The quality of care can be improved and the people of Wisconsin can be protected from unnecessary and potentially harmful exposure to radiation by establishing standards for the practice of radiography, courses of study, examinations and continuing education.

Because the use of X-rays are widespread across professions including chiropractors, podiatrists and dentists accommodations have been made to respect these professionals and it is my understanding that they have no objections to the language of the bill as introduced.

In addition, Senate Bill 474 has the support of the Wisconsin Medical Society.

People ought not to have to worry that diagnostic tests to help get them better could expose them to harm. Health care providers ought to be confident that those operating their equipment are properly trained. And we should take common sense steps to help reduce unnecessary medical errors. Implementing standards and licensing requirements for the practice in radiography in Wisconsin will help to address these concerns.

Thank you for your time and I'm happy to try to answer any questions you may have.

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